Secretary of State Statement of Information (Limited Liability Company)

LLC-12

16-751812

FILED

Secretary of State State of California

JUL 27 2016

IMPORTANT — Read instructions before completing this form.

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This Space For Office Use Only 1. Limited Liability Company Name VIC FUND I-1, LLC 2. 12-Digit Secretary of State File Number 201411210158 4. Business Addresses 4. Business Addresses 4. Business Addresses 5. State Or Place of Organization (only if formed outside of California) 6. State Address of Principal Office - Do not list a P.O. Box 6. California Street, 20th Floor 6. Agent for Service of Process 1. In a managers have been appointed or elected, provide the name and address of each member. At least one name and address must be isted. Attach additional pages, if necessary. 6. Agent for Service of Process 1. It may be and 6b: if the agent is a California and liem 6a and 6b must be completed with the agent is a California Agent First Name 6. Agent for Service of Process 1. It may be and 6b: if the agent is a California and liem 6a and 6b must be completed with the agent is a California Agent First Name (agent is not a corporation) 6. Distrect Address (if agent is not a corporation) - Do not list a P.O. Box City (no abbreviations) 6. San Francisco City (no abbreviations) 6. Agent for Service of Process 1. It may be and 6b: if the agent is a California and liem 6a and 6b must be completed with the agent registered Corporate Agent, a current agent registration certificate must be on file with the California Servetary of State and Item 6c must be completed (leave Item 5a-6b blank). 6. Divide Name 1. It may be a completed (leave Item 5a-6b blank). 6. Street Address (if agent is not a corporation) - Do not list a P.O. Box City (no abbreviations) City (no abbreviations) City (no abbreviations) State City (no abb
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8. Chief Executive Officer, if elected or appointed
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a. First Name Middle Name Last Name Suffix
b. Address City (no abbreviations) State Zip Code
9. The Information contained herein, including any attachments, is true and correct.
7/15/2016 Diana Smith Authorized Signatory
Date Type or Print Name of Person Completing the Form Title Signature
Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)
Name: Diana Smith
Company: Lubin Olson & Niewiadomski LLP
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City/State/Zip: L San Francisco, CA 94111